Guidelines on treatment of referred patients

3100. SHRI V. HANUMANTHA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have issued a directive and guidelines to all the Central Government hospitals on how to receive and treat patients referred by Government;

(b) whether it is a fact that a specific circular has gone to all Government institutions dealing with health in the country;

(c) if so, the content of this directive;

(d) the objective of this directive; and

(e) the steps proposed to get better treatment for patients all over the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) No directions prescribing any guidelines as to how to receive and treat the patients has been issued to the Central Government Hospitals. However, a note has been sent to the Medical Superintendents of Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and All India Institute of Medical Sciences regarding feed-back to be given with regard to certain categories of patients.

(e) 'Health' is a State subject. So far as Central Government Hospitals are concerned, upgradation and improvement of medical facilities so as to provide better treatment to the patients is a continuous on-going process.

Compulsory rural service by Doctors

†3101. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are contemplating to make it compulsory for all the doctors to serve in the villages for one year under the National Health Policy;

(b) if so, what are the details thereof;

(c) whether it is also a fact that Government have received the Javed Chowdhary Committee Report constituted for improvement in health services;

†Original notice of the question was received in Hindi.

(d) if so, what are its main recommendations; and

(e) the number of recommendations accepted by Government?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The Government constituted a Task Force on Medical Education for the National Rural Health Mission (NRHM) under the Chairmanship of Shri Javed Chawdhary, Ex-Union Health Secretary. The Task force was required to suggest amongst other measures as to how rural service can be made attractive for MBBS doctors along with other possibilities of providing Healthcare in rural and under served areas including modifications in the curriculum for Medical course. The Task Force has submitted its report and the same is under consideration of the Government.

Cases of cerebral haemorrhage

3102. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Cerebral stroke or brain haemorrhage has come to occupy second place as the largest killer after cancer and have overtaken heart attack;

(b) if so, whether Government have decided to undertake a vigorous awareness campaign to avert brain-strokes;

(c) what are the main causes by which the rising incidences of cerebral strokes are attributable; and

(d) what steps are being taken to carry out the campaign?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to Indian Council of Medical Research, the cerebral stroke has higher mortality compared to heart attack number of deaths annually due to stroke in India are estimated as 6.39 lakh and those due to heart disease (IHD) as 5.54 lakh. As per estimates from National Cancer Registry Programme of ICMR, Cancer deaths are about 4 lakh every year in India. The main causes of rising number of stroke are changing demography with more ageing population, higher prevalence of hypertension due to changing life style and stress, smoking and diabetes apart from possible roles of dyslipidemia.